



Kennel Record

A015474

KITTY 2

Treatment History

Kitty 2 is a male, seal pt and white domestic mh, 5 months

Intake Type

STRAY

Due Out Date

03/23/19

Intake Date

01/23/19

Reason

Kennel Status

UNAVAIL

Hold Notify

Sorry No
Image at this
Time :(

01-29-19-TRANSFERRED TO PACERLO AS

Location Picked Up/Found:

PARADISE

Animal Notes & Behavior History



Kennel Record

A015473

KITTY

Treatment History

Kitty is a female, brn tabby domestic sh, 5 months

Intake Type

STRAY

Due Out Date

03/23/19

Intake Date

01/23/19

Reason

Kennel Status

UNAVAIL

Hold Notify

Sorry No
Image at this
Time :(

01-23-19-TRANSFERRED TO RACER CO, A.S.

Location Picked Up/Found:

SKYWAY

Animal Notes & Behavior History



Kennel Record

A015489

F1079

F1079 is a male, brn tabby domestic sh, 3 years

Treatment History

T19-009054 01/29/19

NORMAL

NVADG-BCAC Microchipped #90007900063784

Intake Type

STRAY

Due Out Date

01/31/19

Intake Date

12/31/18

Reason

Kennel Status

STRAY WAIT

Hold Notify



1/29 - TRANSFERRED TO PLACER CO. AS

Location Picked Up/Found:

5694 PENTZ "MOUTH"

chipped

Animal Notes & Behavior History

Intake By: SK

Printed 01/29/19 11:00 AM by SKAMM

24

18

"Mouth"

CAMP FIRE ANIMAL RESCUE

-Basecamp Intake Record-

Help us care for this rescued animal by providing all of the information requested. Thank you!

Animal Description

Intake Date: _____

Species: Cat ☐ Dog ☐ Other _____ Age: _____

Breed: DOM Fur Length: SH

Main Color: BLK/Tan Other Color(s): W/WHIT

Coat Pattern: Spotted Tabby

Eye Color: Green/Gold Declawed: Yes ☐ No ☒

Distinguishing Marks: SPOTTED 3 1/2 length TAIL

Name (if known): _____

Collar: _____ Tag Info: _____

Gender: Male ☒ Female ☐ Fixed: Yes ☒ No ☒ Unknown ☐

Microchip Scanned: ☐ Microchip #: _____

Tattoo: _____ Ear Tipped: Right ☐ Left ☐

Animal ID# or Ticket#

F1079

Notes

Friendly

"MOUTH"

Owner Details (if known)

Name: _____

Address: _____ City/State: _____

Cell Phone: () _____ Alt. Phone: () _____

Email Address: _____

Rescue Details

Date of Rescue: _____ Time: _____

Address/Location: 5694 Pentz (number & street)

Paradise (town & county)

Reason: Owner Request ☐ Loose ☐ Urgent/Injured ☐ Owner Surrender ☐ Deceased ☐

Live-Trapped: Yes ☐ No ☐ Nearby Target Animals: Yes ☐ No ☐ Ticket #s: _____

Notes: NOT TARGET

-Basecamp Intake Record-

Rescuer/Trapper Details

Name: _____ (print clearly)

Address: _____ City/State: _____

Cell Phone: _____ Alt. Phone: () _____

Email Address: _____

By signing below, I do freely and voluntarily give custody of the animal(s) described herein to the Camp Fire animal rescue basecamp. No one has forced, coerced, or threatened me into surrendering the animal(s) and/or no promises or guarantees have been made for me to surrender the animal(s).

I certify that I AM / AM NOT (circle one) the sole owner of the animal described herein, or have the authority to surrender such animal as a Good Samaritan rescuer. I also understand that I surrender all rights of ownership to the Camp Fire animal rescue basecamp.

I acknowledge that the risk of injury, escape or death of the animal during an emergency cannot be eliminated. By signing, I do not hold the Camp Fire animal rescue volunteers or their representatives responsible for the injury, escape, or death of the animal during an emergency.

"NOTICE: All animals surrendered as "Stray" or "Loose" will have their photo & information posted on various Facebook "lost & found pet" groups, shared widely online, recorded in a centralized Camp Fire animal tracking database, and registered with Butte County Animal Control to determine if anyone knows the rightful owner.

Signature: _____

Date: _____

Transfer Details

Animal Transferred to:

- ☐ Local Veterinary Clinic -
- ☐ Animal Control Shelter -
- ☐ Temporary Disaster Shelter -
- ☐ Animal Rescue Group/Sanctuary -
- ☐ Foster Care -
- ☐ Other -

ph. _____

ph. _____

ph. _____

ph. _____

ph. _____

ph. _____

Transfer Date: _____

Person Overseeing Transfer: _____

Notes: _____

ID# or File# at Destination



Butte County Animal Passport



Part I - Identification of Animal

Name/Location Paradise	Shelter ID mouth	Microchip # 90007900063784	Sex Males
Breed Cat	Second Breed DSH	Color Blk/tan	Second Color w/wht
Age Adult	Special Markings	Date Found 12/31	Location Found
		Additional Notes: Cat #1	



Part II - Identification of Butte County Point of Contact

Phone 530-552-3888	Fax 530-538-6329	Email address BCanimalcontrol@buttecounty.net
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Part III - Health Examination

Vaccination	Date of administration	Preventative	Date of Administration
Rabies (required)			

FVRCP: R = Rhinotracheitis; C = Calicivirus; P = Panleukopenia; L = Feline Leukemia

Pertinent History:



Butte County Animal Passport

Part IV - Agreement of sheltering group

1. The animal depicted here is a resident of Butte county and is under the full control and management by Butte county Animal Services. All decisions regarding medical care, adoption, movement and handling must be cleared by Butte County Animal Services.
 2. Any medical issues with this animal must be conveyed to Butte County Animal Services via point of contact above. Animals needing advanced veterinary care can be referred to UC Davis VMTH Hospital in coordination with Butte County Animal Services.
 3. The Butte County Animal Passport will be valid for a period of 4 months and subject to renewal.
 4. The caretaking institution is responsible for proper husbandry and good animal welfare.
- I agree to the above clauses and will uphold agreements made with Butte county.**



Kennel Record
A015496
ROSIE

Treatment History

**Rosie is a female, brn tabby and white domestic sh,
3 years**

Intake Type
STRAY

Due Out Date
02/04/19

Intake Date
01/04/18

Reason

Kennel Status
AVAILABLE

Hold Notify



11/29 - TRANSFERRED TO PLACER CO A.S.

Location Picked Up/Found:

324 REDBUD


Animal Notes & Behavior History

Ø micro



Butte County Animal Passport

Part I - Identification of Animal

Name/Location	Shelter ID: Rosie	Microchip #	Sex: Female
Breed: Cat	Second Breed: DSH	Color: Gray-Tabby	Second Color:
Age	Special Markings:	Date Found: 1/4	Location Found: 324 RedBud
		Additional Notes: white on the mouth and the paws	
	Photo	Photo	Photo

Part II - Identification of Butte County Point of Contact

Phone 530-552-3888	Fax 530-538-6329	Email address BCanimalcontrol@buttecounty.net
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Part III - Health Examination

Vaccination	Date of administration	Preventative	Date of Administration
Rabies (required)			

FVRCP: R = Rhinotracheitis; C = Calicivirus; P = Panleukopenia; L = Feline Leukemia

Pertinent History:

A015496 - ADOPTED/RESCUE
Placer County

01/04/19
1:15

Kate - Camp Fire
Blaze Pet Rescue & Reunification

324 Redbud drive
Paradise, CA 95969

no chip.

female

gray tabby with
white mouth
and paws.

"Rosie"



Butte County Animal Passport

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Kennel Record
A015500
BINKS

Binks is a male, black domestic sh, 3 years

Treatment History

T19-009059 01/29/19

NORMAL

NVADG-BCAC: FVRCP 01/12/19

Intake Type

STRAY

Due Out Date

01/16/19

Intake Date

12/16/18

Reason

Kennel Status

AVAILABLE

Hold Notify



1/29 - TRANSFERRED TO RACER & AS

Location Picked Up/Found:





1065 FAIRVIEW/MAXWELL CHIP#900079000632792

Animal Notes & Behavior History



Butte County Animal Passport

Part I - Identification of Animal

Name/Location Paradise	Shelter ID Binks	Microchip # 900079000632792	Sex Male unaltered
Breed Cat	Second Breed DSH	Color Black	Second Color
Age Adult	Special Markings Scar on right ear	Date Found 12/16/18	Location Found 1065 Fairview/ Maxwell
		Additional Notes: Cat #5	
			

Part II - Identification of Butte County Point of Contact

Phone 530-552-3888	Fax 530-538-6329	Email address BAnimalcontrol@buttecounty.net
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Part III - Health Examination

Vaccination	Date of administration	Preventative	Date of Administration
Rabies (required)			
FVRCP	1/12/19		

FVRCP: R = Rhinotracheitis; C = Calicivirus; P = Panleukopenia; L = Feline Leukemia

Pertinent History:



Butte County Animal Passport

Part IV - Agreement of sheltering group

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4. The caretaking institution is responsible for proper husbandry and good animal welfare.

I agree to the above clauses and will uphold agreements made with Butte county.



Kennel Record

A015499

LILY

Lily is a female, black and white domestic lh, 3 years

Treatment History

T19-009058 01/29/19

NORMAL

NVADG-BCAC FVRCP given 01/10/2019

Preventative: Revolution given 01/10/2019

Intake Type

STRAY

Due Out Date

02/02/19

Intake Date

01/02/19

Reason

Kennel Status

AVAILABLE

Hold Notify



1/29 - TRANSFERRED TO RACER CO. AS.

Location Picked Up/Found:

495 FRIENDLY WAY CHIP#900079000632799

Animal Notes & Behavior History

Town of Paradise Animal Control

925 American Dr. Paradise, CA 95969

530-872-6275

Intake By: SK

Printed 01/29/19 12:37 PM by SKAMM



Butte County Animal Passport



Part I - Identification of Animal

Name/Location Paradise	Shelter ID Lily	Microchip # 900-079-000-632-799	Sex Female
Breed CAT	Second Breed DLH	Color Black	Second Color White
Age Adult	Special Markings White tux w/ "collar"	Date Found 1.2.2019	Location Found 495 Friendly
		Additional Notes:	
			

Part II - Identification of Butte County Point of Contact

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Part III - Health Examination

Vaccination	Date of administration	Preventative	Date of Administration
Rabies (required)		Revolution	1.10.2019
FVRCP	1.10.2019		

FVRCP: R = Rhinotracheitis; C = Calicivirus; P = Panleukopenia; L = Feline Leukemia

Pertinent History:

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Butte County Animal Passport

Part IV - Agreement of sheltering group

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 - 2. Any medical issues with this animal must be conveyed to Butte County Animal Services via point of contact above. Animals needing advanced veterinary care can be referred to UC Davis VMTH Hospital in coordination with Butte County Animal Services.**
 - 3. The Butte County Animal Passport will be valid for a period of 4 months and subject to renewal.**
 - 4. The caretaking institution is responsible for proper husbandry and good animal welfare.**
- I agree to the above clauses and will uphold agreements made with Butte county.**

BETTY WHITE



Kennel Record

A015491

F1092

Treatment History

F1092 is a female, brn tabby and white domestic sh,
3 years

Intake Type
STRAY

Due Out Date
12/22/19

Intake Date

12/22/18

Reason

Kennel Status
AVAILABLE

Hold Notify

Sorry No
Image at this
Time :(

TRANSFERRED TO
1/29 - Placer County An. Services

Location Picked Up/Found:

6307 AZALEA LN

"BETTY WHITE"

Animal Notes & Behavior History

dup. - BEIII WHIE

CAMP FIRE ANIMAL RESCUE

-Basecamp Intake Record-

Help us care for this rescued animal by providing all of the information requested. Thank you!

Animal Description

Intake Date: _____

Species: Cat ☒ Dog ☐ Other _____ Age: _____

Breed: _____ Fur Length: PSH

Main Color: freq Brown Other Color(s): w/white

Coat Pattern: Tiger tabby ☒ feet, nose, neck

Eye Color: Green Declawed: Yes ☐ No ☐

Distinguishing Marks: _____

Name (if known): _____

Collar: _____ Tag Info: _____

Gender: Male ☐ Female ☒ Fixed: Yes ☐ No ☐ Unknown ☐

Microchip Scanned: ☐ Microchip #: _____

Tattoo: _____ Ear Tipped: Right ☐ Left ☐

Animal ID# or Ticket#

F1092

Notes

Owner Details (if known)

Name: _____

Address: _____ City/State: _____

Cell Phone: () _____ Alt. Phone: () _____

Email Address: _____

Rescue Details

Date of Rescue: 12/22 Time: _____

Address/Location: 6307 Azalea Paradise (number & street)

(town & county)

Reason: Owner Request ☐ Loose ☒ Urgent/Injured ☐ Owner Surrender ☐ Deceased ☐

Live-Trapped: Yes ☒ No ☐ Nearby Target Animals: Yes ☐ No ☐ Ticket #s: _____

Notes: _____

Found by Chylene
530-354-2515



Kennel Record

A015452

JAKE

Jake is a neutered male, black and white domestic
sh, no age

Treatment History

T19-009024 01/19/19

NORMAL

FVRCP given 01/12/2019

Intake Type

OWNER SUR

Due Out Date

01/19/19

Intake Date

01/18/19

Reason

Kennel Status

AVAILABLE

Hold Notify



Location Picked Up/Found:

STRAY 12/17/18 1464 BILLE MICRO: FD. -A0A11333221





1/29 - TRANSFERRED TO PATER CO. A.S.

Animal Notes & Behavior History



Butte County Animal Passport



Part I - Identification of Animal			
Name/Location Paradise	Shelter ID Jake	Microchip # FDX-A0A11333221	Sex Male neutered
Breed CAT	Second Breed DSH	Color Black/White	Second Color
Age Adult	Special Markings Scar on top of head	Date Found 12/27/18	Location Found 1464 Bille
		Additional Notes: Cat #6	
			
Part II - Identification of Butte County Point of Contact			
Part III - Health Examination			
Vaccination	Date of administration	Preventative	Date of Administration
Rabies (required)			
FVRCP	1/12/19		
FVRCP: R = Rhinotracheitis; C = Calicivirus; P = Panleukopenia; L = Feline Leukemia			
Pertinent History:			



Kennel Record

A015492

F1164

Treatment History

F1164 is a female, brn tabby and white domestic sh,
3 years

Intake Type
STRAY

Due Out Date
01/29/19

Intake Date
12/29/18

Reason

Kennel Status
UNAVAIL

Hold Notify

Sorry No
Image at this
Time :(

1/29 Transferred
to Placer County An. Services

Location Picked Up/Found:

7148 CLARK RD "VERDE" CHIP#900079000632786

Animal Notes & Behavior History

BCP 51

"VERDE"

CAMP FIRE ANIMAL RESCUE

-Basecamp Intake Record-

Help us care for this rescued animal by providing all of the information requested. Thank you!

Animal Description

Intake Date: 12/29/18

Species: Cat ☒ Dog ☐ Other _____ Age: _____

Breed: _____ Fur Length: DSH

Main Color: BRN/BLK Other Color(s): WHITE

Coat Pattern: TABBY - BLACK/Tan w/white

Eye Color: GRN EYES Declawed: Yes ☐ No ☐

Distinguishing Marks: _____

Name (if known): _____

Collar: _____ Tag Info: _____

Gender: Male ☐ Female ☒ Fixed: Yes ☐ No ☐ Unknown ☐Microchip Scanned: ☐ Microchip #: _____Tattoo: _____ Ear Tipped: Right ☐ Left ☐
NONE**Animal ID# or Ticket#**

F1164

NotesSCARED - HISSING
SPITTING**Owner Details (if known)**

Name: _____

Address: _____ City/State: _____

Cell Phone: () _____ Alt. Phone: () _____

Email Address: _____

Rescue Details

Date of Rescue: 12/29/18 Time: 0020

Address/Location: 7148 CLARK ROAD (number & street)
PARADISE, CA (town & county)Reason: Owner Request ☒ Loose ☐ Urgent/Injured ☐ Owner Surrender ☐ Deceased ☐Live-Trapped: Yes ☒ No ☐ Nearby Target Animals: Yes ☒ No ☐ Ticket #: 242

Notes: NOT TARGET CAT



Butte County Animal Passport



Part I - Identification of Animal

Name/Location Paradise	Shelter ID Verde	Microchip # 900079000632786	Sex Female unaltered
Breed CAT	Second Breed DSH	Color BRN/BLK tabby	Second Color White
Age 1 year	Special Markings Notch R Ear	Date Found 12/29/18	Location Found 7148 Clark Rd
Additional Notes: Cat #12			



Part II - Identification of Butte County Point of Contact

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Part III - Health Examination

Vaccination	Date of administration	Preventative	Date of Administration
Rabies (required)			
FVRCP	1/12/19		

FVRCP: R = Rhinotracheitis; C = Calicivirus; P = Panleukopenia; L = Feline Leukemia

Pertinent History:



Butte County Animal Passport



Part IV - Agreement of sheltering group

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 2. Any medical issues with this animal must be conveyed to Butte County Animal Services via point of contact above. Animals needing advanced veterinary care can be referred to UC Davis VMTH Hospital in coordination with Butte County Animal Services.
 3. The Butte County Animal Passport will be valid for a period of 4 months and subject to renewal.
 4. The caretaking institution is responsible for proper husbandry and good animal welfare.
- I agree to the above clauses and will uphold agreements made with Butte county.**



Kennel Record

A015495

ASHES

Ashes is a male, brn tabby domestic sh, 3 years

Treatment History

T19-009057 01/29/19

NORMAL

NVADG- BCAC FVRCP given 01/12/19

Intake Type

STRAY

Due Out Date

02/09/19

Intake Date

01/09/19

Reason

Kennel Status

UNAVAIL

Hold Notify



1/29 - Transferred to Pitzer Co. A.S.

Location Picked Up/Found:

6200 W. WAGSTAFF CHIP#900079000632791





Animal Notes & Behavior History

A015495



Butte County Animal Passport

Part I - Identification of Animal

Name/Location Paradise	Shelter ID Ashes	Microchip # 900079000632791	Sex Male unaltered
Breed Cat	Second Breed DSH	Color Brwn	Second Color
Age Adult	Special Markings	Date Found 1/9/19	Location Found 6200 W. Wagstaff
		Additional Notes: Cat #9	
			

Part II - Identification of Butte County Point of Contact

Phone 530-552-3888	Fax 530-538-6329	Email address BCanimalcontrol@buttecounty.net
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Part III - Health Examination

Vaccination	Date of administration	Preventative	Date of Administration
Rabies (required)			
FVRCP	1/12/19		

FVRCP: R = Rhinotracheitis; C = Calicivirus; P = Panleukopenia; L = Feline Leukemia

Pertinent History:



Kennel Record

A015453

CA127B

Ca127B is a female, brn tabby and org tabby
domestic sh, 3 years

Intake Type

STRAY

Due Out Date

01/19/19

Intake Date

11/14/18

Reason

Kennel Status

AVAILABLE

Hold Notify



1/29 - Transferred to Placer Co. A.S.

Location Picked Up/Found:

MICROCHIP# 982126054138395

Treatment History

T19-009025 01/19/19

NORMAL

BCAC: Preventative: Fipronil (Frontline) given 11/17/18

FVRCP: 11/18/18 FVRCP+L 12/09/18

Rabies Vaccine (Rabvac 3) given: 12/01/18



Animal Notes & Behavior History

Intake By: SK

Printed 01/19/19 10:51 AM by SKAMM





Town of Paradise Animal Control
925 American Dr. Paradise, CA 95969
530-872-6275

982 126 054 138 395



Butte County Animal Passport

Part I - Identification of Animal

Name	Shelter ID CA127b	Microchip # 982-126-054-138-395	Sex Female
Breed DSH	Second Breed	Color Brown and Orange Tabby	Second color White
Age Adult	Special marking White paws	Date Found 11/14/18	Location Found
Photo 	Photo 	Photo 	Photo 

Part II - Identification of Butte County Point of Contact

Phone 530-552-3888	Fax 530-538-6329	Email address BCAnimalcontrol@buttecounty.net
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Part III - Health Examination

Vaccination	Date of administration	Preventative	Date of Administration
Rabies (required)	12/1/18 (rabvac 3)	Fipronil (Frontline)	11/17/18
FVRCP	11/18/18	Revolution	12/7/18
FVRCP+L	12/9/18	Revolution	12/9/18
		Pyrantel	12/9/18

Pertinent Medical History
Goes with CA127A

FVRCP: R = Rhinotracheitis; C = Calicivirus, P = Panleukopenia; L = Feline Leukemia

982 126 054 138 395

Intake # CA1276 (1276)

(Form to remain with animal!)

(Return Care Schedule with clipboard to Intake when animal is released.)

OWNER Last Name: First Name:

Description of animal

Name	Species	Breed	Color/markings	Gender	ID (collar/tag/etc.) DESCRIBE
Stray	Cat	DSTH	Tabby orange muzzle	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Spay/Neuter <input type="checkbox"/> Intact	NCF

List medical problems, necessary medications, or dietary needs? Include time & method normally administered and any other details.

RF, RH paw pads - v. minor burn - monitor

List behavioral characteristics of which we should be advised.

SPECIAL INSTRUCTIONS:

Under Vet Care ☐

Picture YES ☐



RECORD (Use the current time to record Walked, Fed and Cage Cleaned)

Date	Walked	Fed	Cage Cleaned	Comments
11.14.18	in @ 0845			
11.14.18		9	✓	
11/14/18		0900	0900	pee + BM
11/15/18		1400		PE 14:00 - R/RH paw - ✓
11/16/18 1620				Tech/DVM ✓, okay + monitor feet
11/17 0630	H2O	X	X	Good
11/17 07:00				DE - SL. BURNED PADS, ARE HEALING
11/17 1800	H2O	✓	✓	add wet food
11/18	0630	✓	✓	All Good. F.F
	vet ✓, singed whiskers on (1) paw pads / eyes ok, rest (2) Paw Soaking not needed, healing very well (3)			<div data-bbox="893 1302 1055 1470"> <p>1 Dose - Rehydrate with liquid portion Feline Rhinotracheitis-Calici Vaccine, Modified Live Virus U.S. Vet License No. 213 Diamond Animal Health, Inc. Des Moines, IA 50327 USA 1-888-545-9973 010341</p> </div> <div data-bbox="1055 1302 1136 1428"> <p>Burn this side. Store out of direct sunlight at 40°F. See tray, label for complete directions.</p> </div> <div data-bbox="1136 1302 1218 1428"> <p>Exp. 14 DEC 19 Ser. 658</p> </div> <div data-bbox="1218 1302 1380 1428"> <p>1 Dose - 0.2 ml Feline Panleukopenia Vaccine, Modified Live Virus U.S. Vet License No. 213 Diamond Animal Health, Inc. Des Moines, IA 50327 USA 1-888-545-9973 010339</p> </div> <div data-bbox="1380 1260 1542 1428"> <p>Burn this side. Store out of direct sunlight at 40°F. See tray, label for complete directions. Exp. 08 DEC 19 Ser. 6580</p> </div>
11/18	16:40		✓	
11/19		0845	X	all good
11/18/19	vet ✓ - mild crusting R front hind paw pads, no tx needed (dr)			
	BAR, ate all the wet food			
11/19/18	✓	✓	✓	
11/20	0845	provisional	✓	good elimination
11/20/18	10:00 AM	used feed: BAR,		sleeping, no c/s/dischg.
18:00	✓ Fed Dry	Evening canned food.		D Thompson, DVM

Revised 5/21/0214

11/21 H2O X X cat, poop, pee 11/17 front line applied

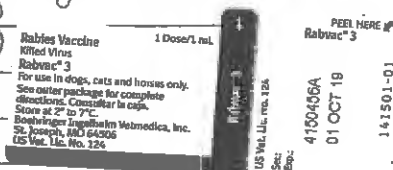
NVADG Animal Care Schedule

CA(276)

Intake #

RECORD (Use the current time to record Walked, Fed and Cage Cleaned)

Date	Walked	Fed	Cage Cleaned	Comments
11/21/18	H20	X	X	eat, poop, pee
11/22	H20	X	X	OK
11/23	0521	✓	✓	pooped Given pro Biotic
11/24	0900	provable	✓	pee, small hard stool, good appetite
11-25	0900	provable	✓	pee, no poop
11-25	1700			Good all R4/18T
11/26	0700	OK	✓	Good
11/26	1710	✓	✓	all food
11/27	0830	✓	✓	good
11/28	0800	✓	✓	good neat cat!
11/28	0815	✓	✓	good / good appetite
11/30	0930	✓	✓	pee, no poop, good appetite
11/30	1800	✓	✓	good
12/1				
12/1	1745			
12/2	0800	✓	✓	eat Poop + pee
12/2	400	✓	✓	good
12/2	1700	✓	✓	
12/3	938		938	
12/3	1224	✓	1224	spot clean, pee
12/4	0825	✓	✓	good
12/4	4	✓	✓	good
12/5	0830	0830	0830	good
12/5	4	✓	✓	good
12/6	815	✓	✓	good
12/6	15.40	✓	spot	tapped off food + water. Petted. friendly. Cat pining right ear.
12/6/18	Volunteers reported irritated (R) ear. Mod debris AS, mild debris AD. TM partially visible AS & appears intact, TM mostly visible AD, intact. Pruritis AU. R/O ear mites vs. yeast/bacteria. No ear flush solution or Revolution/ivermectin currently available. Will try to obtain & then tx. BUT DM			for presumed ear mites
12/7/18	0743	0743	0743	




NVADG Animal Care Schedule

page 2

Intake # CA127b

(Form to remain with animal!)

(Return Care Schedule with clipboard to Intake when animal is released.)

OWNER	Last Name: _____	First Name: _____
Description of animal		
Name	Species	Breed
stray	cat	DSH
Color/markings	Gender	ID (collar/tag/etc.)
tabby orange muzzle	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Spay/Neuter <input type="checkbox"/> Intact	DESCRIBE
List medical problems, necessary medications, or dietary needs? Include time & method normally administered and any other details.		
List behavioral characteristics of which we should be advised.		
SPECIAL INSTRUCTIONS:		Under Vet Care <input type="checkbox"/>
		Picture YES <input type="checkbox"/> 

RECORD (Use the number of times to record Walked, Fed and Cage Cleaned)				
Date	Walked	Fed	Cage Cleaned	Comments
12/7/18	flushed w/ Klearotic			Applied Revolution 5.1-15 lbs.
12/8	1115	✓	✓	good, sweetie
12/8	16:01	16:01	16:01	good, spot cleaned
12/9		8:15	8:15	good, likes wet food
12/9				RTL 50 Revolution, Pyrantel
12/10	1003	1003	1003	Dec + food
12/11	1013	✓	✓	good fear
12/11	1430		✓	spot cleaned
12/12	8:59	✓	✓	all wet
12/12/18				paws look 1
12/12/18				feels
12/13/18		0905	0905	ate, Bin
12/13/18		1515		spot + c
12/14/18		0940	0940	pee
12/14/18		1505		
12/15/18	10:30	10:30	10:30	pee
12/15		✓		
12/16	1100	✓	✓	fecal

**Intake #**

#CA127b

RECORD (Use the current time to record Walked, Fed and Cage Cleaned)

Revised 5/21/0214



Kennel Record

A015494

FLOWER

Flower is a female, black and white domestic lh, 3 years

Treatment History

T19-009055 01/29/19

NORMAL

BCAC - FVRCP 01/10/2019

Intake Type

STRAY

Due Out Date

01/12/19

Intake Date

12/12/18

Reason

Kennel Status

AVAILABLE

Hold Notify



1/29 - TRANSFERRED TO RACCOON

Location Picked Up/Found:

5916 PENTZ RD CHIP#FDX-A-47581D10E

Animal Notes & Behavior History





Intake By: SK

Printed 01/29/19 11:34 AM by SKANM



Butte County Animal Passport



Part I - Identification of Animal			
Name/Location Paradise	Shelter ID Flower	Microchip # FDX-A-47581D10E	Sex Female
Breed CAT	Second Breed DLH	Color Black	Second Color White
Age Adult	Special Markings Black Mustache	Date Found 12.12.2018	Location Found 5916 Pentz Rd
		Additional Notes: White "Skunk" strip down back	
			
Part II - Identification of Butte County Point of Contact			
Part III - Health Examination			
Vaccination	Date of administration	Preventative	Date of Administration
Rabies (required)			
FVRCP	1.10.2019		
FVRCP: R = Rhinotracheitis; C = Calicivirus; P = Panleukopenia; L = Feline Leukemia			
Pertinent History:			



Butte County Animal Passport

Part IV - Agreement of sheltering group

1. The animal depicted here is a resident of Butte county and is under the full control and management by Butte county Animal Services. All decisions regarding medical care, adoption, movement and handling must be cleared by Butte County Animal Services.
 2. Any medical issues with this animal must be conveyed to Butte County Animal Services via point of contact above. Animals needing advanced veterinary care can be referred to UC Davis VMTH Hospital in coordination with Butte County Animal Services.
 3. The Butte County Animal Passport will be valid for a period of 4 months and subject to renewal.
 4. The caretaking institution is responsible for proper husbandry and good animal welfare.
- I agree to the above clauses and will uphold agreements made with Butte county.



Kennel Record

A015498

STEVEN TYLER

Steven Tyler is a neutered male, brn tabby and white domestic mh, 9 years

Treatment History

T19-009056 01/29/19

NORMAL

NVADG-BCAC Rabies Vaccine & FVRCP given 12/20/2018

Intake Type

STRAY

Due Out Date

12/23/18

Intake Date

11/23/18

Reason

Kennel Status

AVAILABLE

Hold Notify



1/29 TRANSFERRED TO RACER CO. AS.

Location Picked Up/Found:

SAWMILL RD/BIG PINE CHIP#900079000632795

Animal Notes & Behavior History

Town of Paradise Animal Control

925 American Dr. Paradise, CA 95969

530-872-6275





Intake By: SK

Printed 01/29/19 12:22 PM by SKAMM



Butte County Animal Passport



Part I - Identification of Animal			
Name/Location Paradise	Shelter ID Steven Tyler	Microchip # 900-079-000-632-795	Sex Male / altered
Breed CAT	Second Breed DMH	Color Brown Tabby	Second Color White feet and chest
Age Senior 9yrs	Special Markings	Date Found 11.23.2018	Location Found Sawmill and Big Pine
		Additional Notes: Treated for burns Dr. Darling	
			
Part II - Identification of Butte County Point of Contact			
Part III - Health Examination			
Vaccination	Date of administration	Preventative	Date of Administration
Rabies (required)	12.20.2018		
FVRCP	12.20.2018		
FVRCP: R = Rhinotracheitis; C = Calicivirus; P = Panleukopenia; L = Feline Leukemia			
Pertinent History:			



Butte County Animal Passport



Part IV - Agreement of sheltering group

1. The animal depicted here is a resident of Butte county and is under the full control and management by Butte county Animal Services. All decisions regarding medical care, adoption, movement and handling must be cleared by Butte County Animal Services.
 2. Any medical issues with this animal must be conveyed to Butte County Animal Services via point of contact above. Animals needing advanced veterinary care can be referred to UC Davis VMTH Hospital in coordination with Butte County Animal Services.
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 4. The caretaking institution is responsible for proper husbandry and good animal welfare.
- I agree to the above clauses and will uphold agreements made with Butte county.

VACCINATION CERTIFICATE

Account #: 3600

Owner: Camp Fire Cats

Address: Durham, CA 95928

Phone: 530

Animal: Steven Tyler

Species: Feline

Breed: Domestic Medium Hair

Color: Tabby

Gender: Male

Birthdate: 12/20/2009

Age: 9 years 3 days

Weight: 8.30

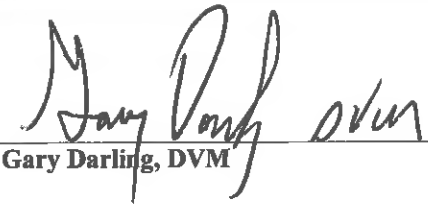
Chip #:



Date	Vaccine	Manufacturer	Serial #	Type	Tag #	Due on
12/20/2018	Rabies - 1 Year					12/19/2019
12/20/2018	FVRCP -1 Year					12/19/2019



Darling Veterinary Clinic
2520 Dominic Drive, Suite 145
Chico, CA 95928
(530) 892-8910
darlingvetclinic@yahoo.com


Gary Darling, DVM

12/21/2018

Revolution 12/6

ACTIVITY NUMBER

BUTTE COUNTY ANIMAL CONTROL

202 MIRA LOMA DRIVE
OROVILLE, CALIFORNIA 95965
(530) 538-7409 • (530) 891-2907
FAX (530) 538-6329

ANIMAL ID NUMBER

CC261

Impound Facility

Bite #

Received By

Jennifer
Acres

IMPOUND FORM

Date Impounded 11/23/18 Time 1000 a.m. Release Date Officer

Animal picked up at Corner of Sawmill Rd & Big Pine lane
address (include closest cross street)

Reason for Impound Campfire

Picked up by Brandon Mackie (734) 790-8393

Dog Cat ☒ Other M F S N

Breed DLH Approx. Age

Color Grey / Black Markings

Animal wearing collar? Yes No If yes, describe

Animal wearing tags? Yes No If yes, describe

Microchipped? Yes (#) No

Condition of Animal Remarks

Owner of Animal

Telephone

Address

City

Zip

☐ Phoned☐ Impound Copy: Date LeftHas owner been notified? ☐ Letter: Date Sent

SURRENDER STATEMENT

I, the undersigned, owner or having control of the above described animal, release all claims to it to the Butte County Animal Control. I agree to hold the Butte County Animal Control, and its employees, free of all liability resulting from such transfer.

I also certify that to the best of my knowledge the said animal has / has not bitten any person within the past 14 days.
(circle one)

I have read the above and understand the conditions.

DATE

PRINTED NAME SIGNATURE

ADDRESS

CITY ZIP TELEPHONE NO.



Intake # CC2161

(Form to remain with animal!) (Return Care Schedule with clipboard to Intake when animal is released.)

List medical problems, necessary medications, or dietary needs? Include time & method normally administered and any other details.

List behavioral characteristics of which we should be advised.

Under Vet Care ☐

Picture YES

Revised 5/21/0214



VCA Valley Oak Veterinary Center
2480 Dr. Martin Luther King Jr. Pkwy
Chico, CA 95928
(530) 342 - 7387

1A

Name: Paradise Animal Control		Home:	<p>180 6.1 lb 101.77 mm tail pink Crt 2</p>	Name: 2018-11-23 DLH	
Chart #: 91750		Work:		2018-11-23 DLH	
Address: 925 American Way		Mobile: (530) 872 - 5911		Sawmill Rd (#	
Paradise, CA 95969		Email 1: janirislover@gmail.com		39705)	
		Email 2:		Species: Feline	
		Client Initials:		Breed: Domestic Long Hair	
				Color: Gray And Black	
				Sex: Male Neutered	
				Birth:	
				Age:	
				Weight:	

Visit Reason: Injury / Injured / Trauma;	VCA Valley Oak	Appt: 11/23/2018 at 17:32	Checked in at: 17:32
---	-----------------------	----------------------------------	-----------------------------

Answer the following questions about 2018-11-23				Current Diet
	Good	Fair	Poor	Quantity per Day _____ Canned _____ Dry _____
Appetite is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current Medication _____
Energy level is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Breath is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin/Coat condition is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ears are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nails are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

2018-11-23 DLH Sawmill Rd's records show that the following vaccines are due						
Procedure	Due Date	Status	Procedure	Due Date	Status	
Physical Exam		Review	Fel Rabies		Review	
Fel Panleukopenia		Review	Fel Respiratory Virus		Review	
Fel Leukemia		Review	Fecal Exam		Review	
Fel Heartworm RX		Review	Fel Flea Prevention		Review	
Fel Dental Cleaning		Review				

Alert:

Appointment Notes: burned paws- found at the corner of sawmill rd and big pine ln krl

NVADG - said no chip

dehydrated -8

.05
at Dex > to do
0.1 Ket feet
0.15ml Bupre

Thank you for trusting us with your pet's care. Your friends at VCA Valley Oak Veterinary Center.

Weight: lbs 6.8 kg Date: 11/2/18

Procedure: Band X

Surgeon: DDS/AG RVT: DS ASST: _____

Exam & approval: _____

- Exam & approval

 P R MM CRT BP
 Dose Route Time Initials

		Butorphanol 10mg/ml	mg		ml		
		Hydromorphone 2mg/ml	mg		ml		
Blood Drawn	/	Dexdomitor 0.5mg/ml	mcg	0.05	ml	IV	
	/	Ketamine 100mg/ml	mg	0.1	ml	IV	
Dr. Review	/	Buprenorphine 0.3mg/ml	mg	0.15	ml	IV	
	/	Acepromazine 10mg/ml	mg		ml		
Pre Anes	/	Midazolam 5mg/ml	mg		ml		
	/	Diazepam 5mg/ml	mg		ml		
Pain Control	/	Acepromazine 1mg/ml	mg		ml		
	/	Antisedan 5mg/ml	mg		ml		

IV Catheter _____ / _____ Size _____ Location _____

Induction: Drug _____ Mg _____ ml drawn _____ / _____ given

Induction: Drug _____

Et Tube Size _____

Time Given _____ AM / PM

Procedure: _____ Start Time 12:18 End Time _____
Anesthesia Start Time 12:15 Extubation Time _____

CRT _____ BP _____
Initials _____

② upper corner ulcer

Total fluids given

[illegible]

rt #: **91750**
 American Way Paradise, CA 95969
 er: (530) 872 - 6275 Back line (530) 872 - 6276
 : (530) 872 - 5911
018-11-23 DLH Sawmill Rd" (#39705)
 :cies: **Feline - Domestic Long Hair**
 or: **Gray And Black** DOB:
 : **Male Neutered**

Weight: _____ lbs _____ kg _____ Date: _____
 Procedure: Breast Augmentation
 Surgeon: PSS RVT JS ASST. _____
 Dr Exam & approval: _____

Dr Exam & approval _____

_____ P _____ R _____ MM _____ CRT _____ BP _____
Dose Route Time Initials

Blood Drawn

Dr. Review

Pre Anes

Pain Control

IV Catheter

Induction:	Drug
------------	------

Et Tube Size

Procedure: Anesthesia

Start Time	Start Time
------------	------------

End Time

Extubation Time

Total fluids given

Monitoring			5	10	15	20	25	35	40	45	50	55	5	10	15	20	25	35	40	45	50	55
Time:			ml/hr					ml/hr					ml/hr					ml/hr				
Agents:																						
Fluids:																						
Meds:																						
Oxygen Flow																						
Vaporizer Setting																						
Duration																						
Systolic P	V	170																				
		160																				
Diastolic P	A	150																				
		140																				
Mean P	-	130																				
		120																				
Heart Rate	X	110																				
		100																				
Resp. Rate	O	90																				
		80																				
Spo2	S	70																				
		60																				
End Tidal CO2	E	50																				
		40																				
		30																				
		20																				
		10																				
		0																				
Temperature(°F)																						
E.C.G.																						

#: 91750
 American Way Paradise, CA 95969
 r: (530) 872 - 6275 Back line: (530) 872 - 6276
 (530) 872 - 5911
 18-11-23 DLH Sawmill Rd" (#39705)
 Species: Feline - Domestic Long Hair
 Color: Gray And Black DOB:
 Sex: Male Neutered

Weight: 7.4 lbs 3.4 kg
 Procedure: Bandage
 Surgeon: TL
 RVT: (Signature)
 ASST: (Signature)

Date: 11-26-40

Dr Exam & approval

Initials CRT BP

Pre anesthetic drug

Blood Drawn

Dr. Review

Pre Anes

Pain Control

IV Catheter

Induction:

Et Tube Size

Procedure:

Anesthesia

Start Time

Start Time

End Time

Extubation Time

Total fluids given

Monitoring		Time	5	10	15	20	25	35	40	45	50	55	5	10	15	20	25	35	40	45	50	55
Time:		10:																				
Agents:																						
Fluids:																						
Meds:																						
Oxygen Flow																						
Vaporizer Setting																						
Duration																						
Systolic P	V																					
Diastolic P	A																					
Mean P	-																					
Heart Rate	X																					
Resp. Rate	O																					
Spo2	S																					
End Tidal CO2	E																					
Temperature (F)																						
E.C.G.																						

additional
 Butorphanol 0.03ml
 & Dexdomitor 0.05ml
 IV @ 10:50

Client: **Paradise Animal Control (91750)**
Patient: **2018-11-23 DLH Sawmill Rd (39705)**

Provider: **Tori Letner, DVM**
Record Date: **26-Nov-2018**



SEDATION REPORT

Page 1 of 1

Client		Patient	
Paradise Animal Control	925 American Way	2018-11-23 DLH Sawmill Rd	Gray And Black
872-6275 jen	Paradise, CA 95969	Feline	Male / Neutered - 7.4 lb
Other: (530) 872-6275		Domestic Long Hair	(26-Nov-2018)

26-Nov-2018 Sedation - Draft

Tori Letner, DVM

Sedation procedure

Sedated with Butorphanol 0.06 mls IV, Dexdomitor 0.10 mls IV, Ketamine 0.03 mls IV:

Bandages removed from pelvic limbs - cleaned wounds gently with sterile saline. Dried feet and applied

the gabapentin cream mixture: Gabapentin, Ketamine, Diclofenac gel, lidocaine, prilocaine.

Let cream sit for 15 minutes and then rinsed with sterile saline. Dried feet and applied Honey cream mixture: Manuka honey, olive oil, coconut oil, bees wax

Applied Telfa pad, cast padding, cling, vet wrap and elasticon.

Bandage removed from thoracic limbs:

RTL has adaptic clear bandage over the wound. There is a tilapia skin graft covering approx half the wound. Some of the tilapia has slipped down off wound revealing a 1.5 x 2 area of granulation tissue with central area of bone exposure. Had to trim the tilapia here as it had dried out. Cleaned this area of the wound gently with sterile saline. And left the remaining tilapia in place with Adaptic bandage over it. Dried feet and applied the gabapentin cream mixture: Gabapentin, Ketamine, Diclofenac gel, lidocaine, prilocaine.

Let cream sit for 15 minutes and then rinsed with sterile saline. Applied Honey cream mixture: Manuka honey, olive oil, coconut oil, bees wax to the small area that did not have tilapia over it. Applied Telfa pad, cast padding, cling, vet wrap and elasticon.

LTL has tilapia in place and Adaptic clear bandage overlaying. Did not treat this paw. We replaced the outer bandage and rewrapped with, cast padding, cling, vet wrap and elasticon.

Bandages changes will be due again on all 4 feet in 2 days.

MEDICAL HISTORY: 23-Nov-2018 to 25-Nov-2018

26-Nov-2018 Progress note

Kara Smith, DVM

09:11

PLANS

Superficial corneal ulcer

Continue BNP TID.

Burn victim

D/C IVF today. Flush IVC q 8 hours.

Continue buprenorphine and BNP as directed.

26-Nov-2018 Progress note

Tori Letner, DVM

12:35

ASSESSMENTS

Burn victim

Healing wounds.

PLANS

Burn victim

1. Bandage changes of all 4 feet due in 2 days on 11/28/18. At that time we can remove or replace the tilapia skin graft if it has not adhered. If there is no tilapia available then okay to treat wounds with burn cream and manuka honey cream.
2. Cont with current plan and pain medications (buprenorphine) and BNP OU

26-Nov-2018 Order items

- Hospitalization Holding [49.168]: 24.00 hr
- Anesthesia Drug (Pick List) LINK [242.179]: 1.00 each
 - Butorphanol (Torbugesic) 10mg/mL/mL [53.9055] - Dose: 0.6 mg (Amt: 0.06 mL)
 - Dexmedetomidine (Dexdomitor) 0.5mg/mL/mL [53.9052] - Dose: 0.05 mg (Amt: 0.1 mL)
 - Ketamine (gen) 100mg/mL/mL [53.9034] - Dose: 3 mg (Amt: 0.03 mL)
- Bandage/Dressing: Routine [27.3]: 1.00 each
- Sedation [242.135]: 1.00 each
 - Anesthesia Drug (Pick List) LINK [242.179]: 1.00 each

25-Nov-2018 Exam **Kara Smith, DVM**

08:12 May prefer dry.

PLANS

Inappetence.

Dry food noted in FLOW.

Superficial corneal ulcer

Continue BNP.

25-Nov-2018 Progress note **Petra Stoyanof, DVM**

14:43

PLANS

Burn victim

Bandage change:

Sedated with dexmedetomidine 0.05ml, ketamine 0.1ml, buprenorphine 0.15ml. Mildly reactive at end of bandage change.

Removed wraps.

RTL: fish skin and Tegaderm in place over dorsal antebrachial wound, burns to paw. Left fish skin in place.

LTL: fish skin and Tegaderm in place over paw. Left fish skin in place.

For burns without fish skins, placed honey on paws and placed Adaptic and Telfa over paws. Applied bandages x4.

Reversed with atipamezole IM.

If clean, pelvic limb bandages can be changed in 2 days, thoracic limb bandages in 2-4 days.

25-Nov-2018 Progress note **Kara Smith, DVM**

19:20

PLANS

Burn victim

SW DVM that did bandages today - she said burns warrant pain meds.

Buprenorphine added TID to FLOW>

25-Nov-2018 Order items

- * Hospitalization Holding [49.168]: 7.00 hr
- * Hospitalization Holding [49.168]: 17.00 hr
- * Buprenorphine (Buprenex) 0.3mg/mL/mL [53.351] - Dose: 0.06 mg (Amt: 0.2 mL)

26-Nov-2018 Progress note **Kara Smith, DVM**

09:11

CLIENT INTERVIEW

General findings

Day 4 hospitalization - Vitals WNL

Eats well. Bandages changed yesterday.

EXAM FINDINGS

Whole body

General findings

... - BAR, friendly cat.

Corneal ulcer OD - looks sl. larger than yesterday.

Bandages in place X 4 paws.

Shaved ventral chest and abdomen.

Singed face/healing well.

Good appetite.

ASSESSMENTS

Inappetence.

Resolved.

Superficial corneal ulcer

Epithelium that is not healing may be sloughing.

Hopefully this heals from the deeper layers up.

Burn victim

Doing great.

24-Nov-2018 Order items

- Hospitalization/hour Level 1 Fel [49.250]: 7.00 hr
- Fluids IV Maintenance/hr [37.84]: 7.00 hr
- Hospitalization/hour Level 1 Fel [49.250]: 6.00 hr
- Fluids IV Maintenance/hr [37.84]: 6.00 hr

Inpatient visit (25-Nov-2018 to 25-Nov-2018)

Appointment Type: **Same Day** Provider: **Kara Smith, DVM** Sex / age / weight: **Male - Neutered / n/a / 6.1 lb** (26-Nov-2018)

Concerns (Problem List)

Active

- **Inappetence.** (25-Nov-2018)
- **Superficial corneal ulcer** (24-Nov-2018)
- **Burn victim** (24-Nov-2018)

25-Nov-2018 Exam

Kara Smith, DVM

08:12

CLIENT INTERVIEW

General findings

Transfer of care - Hospitalized 2 days ago for burns sustained in the CAMP fire. Pt was sedated and had bandages placed yesterday after a day of IVF. A Convenia and buprenorphine injection were given at 6 p.m Friday per treatment sheet. No pain medications given since then. Maintained overnight on LRS at 15 ml/hr, and BNP ointment q 8 hours d/t a corneal ulcer noted OD. Eating just a little today - previously ate some chicken and A/D.

EXAM FINDINGS

Whole body

General findings

- - Attitude: Bright, responsive, and alert - friendly
Ophthalmic Exam: Corneas clear and no ocular discharge, greasy eye OD, small superficial corneal ulcer visible, no blepharospasm
Otic Exam: NSF
Oral: Moderate tartar and gingivitis
Nose/Throat: Normal
Cardiovascular: purring
CRT - 1-2 sec
Mucous Membranes - Pink
Respiratory: purring
Abdominal Palpation: Normal palpation, no organomegaly, masses or tenderness
Musculoskeletal: Normal gait, thin
Body Condition Score - 4/9
Integument: bandaged X 4 feet, smokey coat, flea dirt/burned debris in coat
Lymph Nodes: No lymphadenopathy
Genitourinary: No palpable renal or bladder abnormalities noted, external genitalia palpate and appear normal, large urinary bladder
Neurologic: Normal mentation, no apparent deficits

ASSESSMENTS

Inappetence.

Offered dry and ate readily.

Burn victim

Bandages changes yesterday at noon.

Superficial corneal ulcer

Healing.

Inappetence.

*Documents are available as separate attachments or files.

VCA Valley Oak Veterinary Center

2480 Dr. Martin Luther King Jr. Pkwy, Chico, CA 95928 | (530) 342-7387

MEDICAL HISTORY: 23-Nov-2018 to 25-Nov-2018**24-Nov-2018 Exam****Travis Howarth, DVM**

08:36	Pelvic region	External genitalia	Normal - External genitalia normal size and shape, no tumors or discharge appreciated.
	Integument	General findings	Ulceration - All 4 feet Soot caked on feet
		Skin and haircoat	Normal - Healthy coat, no evidence of ectoparasites, alopecia or pruritus.
	Lymphatic system	Peripheral lymph nodes	No Peripheral lymphadenopathy
	Musculoskeletal	Posture	Normal posture
		Ambulation	Normal gait
	Nervous system	Brief neurological exam	Unremarkable - CN 2-12 intact, no CP deficits, normal placing responses all 4 limbs

ASSESSMENTS**Burn victim**

Severe dehydration and malnutrition along with burns to the feet
It is difficult to tell how burned feet are due to the debris

PLANS**Burn victim**

IVC
Fluids LRS 150 ml bolus 2 hrs > 15 ml/hr
Give food and water
Did not want to eat or drink and first, but did about 6 hrs later
Convenia 0.4 ml SQ
Buprenorphine (0.3 mg/ml) 0.3 ml IV
Deal with wounds tomorrow, when cat is hydrated
TH

24-Nov-2018 Progress note**Dustine Spencer, DVM, Practice Limited to Surgery****14:00****ASSESSMENTS****Superficial corneal ulcer****PLANS****Burn victim, Superficial corneal ulcer**

- * Sedation
 - Dexmedetomidine 25 mcg, Ketamine 10 mg and Buprenorphine 0.045 mg IM Right thigh
 - Adequate sedation for wound evaluation,
 - Required mask with Iso 1-2% to complete clip, clean and bandage placement x 4 limbs
- Procedure
 - Shaved all paws and cleaned limbs with dilute chx soln.
 - Soaked each paw with dilute chx and removed hemorrhagic debris and dirt
 - All four paws with second - third degree burns, some digits on RTL with bone exposure
 - Right TL carpus with third degree burn approx 3 x 4 cm
 - Dried and placed pain salve on all lesions, left for 15 minutes and rinsed off with sterile 0.9% saline
 - Bilateral PL paws - placed collagen powder and wrapped with light bandage
 - Left TL paw - placed collagen powder and wrapped with light bandage
 - Right TL paw - placed tilapia skin graft on carpal lesion and palmar aspect of paw/digits, covered in Tegaderm. Wrapped with light bandage.
- Patient awake by end of procedure
- FDT: OD 3-4 mm superficial uptake central globe. OS NSF. Applied BNP OD.
- Recovery
 - Smooth
 - Patient remained cold. Placed under Bair hugger.
- IVF 15 ml / hr
- Bandage change approx 3-4 days
- RX BNP Ophthalmic ointment OD q 8
- DVM: Amy Grimm

*Documents are available as separate attachments or files.

VCA Valley Oak Veterinary Center

2480 Dr. Martin Luther King Jr. Pkwy, Chico, CA 95928 | (530) 342-7387

Inpatient visit (23-Nov-2018 to 24-Nov-2018)

Appointment Type: **Emergency** Provider: **Travis Howarth, DVM** Sex / age / weight: **Male - Neutered / n/a / 6.1 lb** (26-Nov-2018)

Concerns (Problem List)

Active

- Inappetence. (25-Nov-2018)
- **Superficial corneal ulcer** (24-Nov-2018)
- **Burn victim** (24-Nov-2018)

23-Nov-2018 Order items

- Exam Emergency After Close Late [3.202]: 1.00 exam
- Hospitalization Setup [49.320]: 1.00 each
- Hospitalization/hour Level 1 Fel [49.250]: 6.00 hr
- IV Fluids Setup [37.83]: 1.00 each
- Fluids IV Maintenance/hr [37.84]: 6.00 hr
- Cefovecin (Convenia) 80mg/mL/mL [53.344] - Dose: 32 mg (Amt: 0.4 mL)
 - In house. Refills: 0.
 - Your pet may be eligible for a rebate...Go to zoetispetcarerewards.com for details.
- Buprenorphine (gen) 0.3mg/mL/mL [53.30] - Dose: 0.09 mg (Amt: 0.3 mL)

24-Nov-2018 Exam

Travis Howarth, DVM

08:36

VITALS

	Temp (F)	HR	RR	SBP	CRT	MM color	Pain ([0-4])	BCS (/9)
08:36	101.7	180	30	115	< 2	Pink	2	3

CLIENT INTERVIEW

General findings **History** - NVADG said no chip
 Brought in from CAMP fire

Transfer of Care Hospitalization Update

EXAM FINDINGS

Whole body	Attitude	Quiet
	Activity	Inactive
	Mentation	Depressed
	Hydration	Dehydration - 10%
Eyes	Cornea	Clear and bright - OU
	Globe	Enophthalmos
	Vision	Apparent normal vision
Ears	External ear canal	Clean and free of debris and odor - AU
	Hearing	Apparent normal hearing
Mouth	Oral exam	Normal - Minimal tartar or gingival erythema.
	Teeth	Calculus index I
Thorax	Heart	No murmur or arrhythmia noted.; Synchronous Pulses - Strong femoral pulses bilaterally.
	All lung fields	Normal bronchovesicular sounds - All 4 quadrants.
Abdomen	Abdominal palpation	Unremarkable - The abdomen was soft and compliant no masses or organomegaly.

*Documents are available as separate attachments or files.

MEDICAL HISTORY

23-Nov-2018 to 25-Nov-2018

Client

Paradise Animal Control (91750)
872-6275 jen
Other: (530) 872-6275

Patient

2018-11-23 DLH Sawmill Gray And Black
Rd (39705) Male / Neutered - 7.4 lb (26-Nov-2018)
Feline
Domestic Long Hair

Most recent visit date: 25-Nov-2018
Microchip No.: n/a
Rabies tag ID / date : n/a

Patient Alerts: n/a

Current medical overview: as of 26-Nov-2018

Service Reminders	Due Date
Physical Exam	Review
Fel Rabies	Review
Fel Panleukopenia	Review
Fel Respiratory Virus	Review
Fel Leukemia	Review
Fecal Exam	Review
Fel Heartworm RX	Review
Fel Flea Prevention	Review
Fel Dental Cleaning	Review

Weight by Age	Wt.	Record date
n/a		

Active Concerns	Established
Inappetence.	25-Nov-2018
Superficial corneal ulcer	24-Nov-2018
Burn victim	24-Nov-2018

Inactive Concerns	Established
n/a	

Resolved Concerns (since 23-Nov-2018)	Established	Resolved
n/a		

Medications (since 25-Nov-2017)	Amount	Disp. Date
Cefovecin (Convenia) 80mg/mL/mL	0.40 mL	23-Nov-2018
In house.		
24-Nov-2018 08:37: Your pet may be eligible for a rebate...Go to zoetispetcarerewards.com for details.		

SAMPLE: COMPANION ANIMAL 24 HOUR TREATMENT / MONITORING RECORD

4.0#

Steve T. [Signature]

Client ID: [Signature]												Animal ID: STEVEN TYLER												
Veterinarian:												Date: 11-26												
Problem List:																								
1.																								
2.																								
3.																								
4.																								
am	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6
Initials																								
T									102.2		100.1													
P									Purring		192													
R																								
MM Colour									P		P													
CRT (sec)									<1sec															
Attitude									BAR															
Fluids ml/hr																								
Fluids in																								
Urine out																								
BM																								
Vomit																								
Food																								
Water																								
Medications																								
Diagnostics																								

VERY Hungry
1/2 can all

SAMPLE: COMPANION ANIMAL 24 HOUR TREATMENT / MONITORING RECORD

7.2#

Client ID:										Animal ID: STEVEN TYLER														
Veterinarian:										Date: 11/27/18														
Problem List:																								
1.																								
2.																								
3.																								
4.																								
am	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6
Initials																								
T	100.9											101.9												
P	196											200/pur												
R	32											30												
MM Colour	P											PP												
CRT (sec)	4 sec											< 2												
Attitude	BAR											BAR												
Fluids ml/hr																								
Fluids in																								
Urine out																								
BM												Normal large												
Vomit																								
Food	good appetite											good AP												
Water																								
Medications	.1/1 Bup SQ																							
Diagnostics																								

at dinner 11/26

SAMPLE: COMPANION ANIMAL 24 HOUR TREATMENT / MONITORING RECORD

Client ID:												Animal ID: STEVE TYLER												
Veterinarian:												Date: 11/28												
Problem List:																								
1.																								
2.																								
3.																								
4.																								
am	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6
Initials																								
T									180															
P									purring															
R									98.8															
MM Colour									36															
CRT (sec)									P															
Attitude									1 sec															
Fluids mls/hr									BAR															
Fluids in																								
Urine out																								
BM																								
Vomit																								
Food																								
Water																								
Medications									0.1 Ket															
									0.1 Bt															
									0.1 Dex															
									0.1 Ant															
Diagnostics																								

Δ bandages
Rf Talayra, healing well x4

SAMPLE: COMPANION ANIMAL 24 HOUR TREATMENT / MONITORING RECORD

7.15

Client ID:														Animal ID: STEVE TYLER													
Veterinarian:														Date: 11/29 12/1/18													
Problem List:																											
1.																											
2.																											
3.																											
4.																											
am	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6			
Initials																											
T		100																									
P		210																									
R		Purring																									
MM Colour		PP																									
CRT (sec)																											
Attitude		Happy																									
Fluids ml/hr																											
Fluids in																											
Urine out																											
BM																											
Vomit																											
Food		Appet																									
Water																											
Medications		BNP opt L																									
Diagnostics																											

1/18

SAMPLE: COMPANION ANIMAL 24 HOUR TREATMENT / MONITORING RECORD

Client ID:												Animal ID: STEVE TYLER												
Veterinarian:												Date: 12/2/19												
Problem List:																								
1.																								
2.																								
3.																								
4.																								
am	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6
Initials																								
T																								
P																								
R																								
MM Colour																								
CRT (sec)																								
Attitude																								
Fluids ml/hr																								
Fluids in																								
Urine out																								
BM																								
Vomit																								
Food																								
Water																								
Medications	<div style="display: flex; align-items: center;"> { <div> <p>IM</p> <p>K.O. 1</p> <p>T.O. 1</p> <p>Derm O. 1</p> <p>ASO. 1</p> </div> </div>																							
Diagnostics	<div style="display: flex; align-items: center;"> } <div> <p>Δ bandage</p> </div> </div>																							

SAMPLE: COMPANION ANIMAL 24 HOUR TREATMENT / MONITORING RECORD

Client ID:												Animal ID: STEVE TYLER												
Veterinarian:												Date: 12/3/18												
Problem List:																								
1.																								
2.																								
3.																								
4.																								
am	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6
Initials																								
T																								
P																								
R																								
MM Colour																								
CRT (sec)																								
Attitude																								
Fluids ml/hr																								
Fluids in																								
Urine out																								
BM																								
Vomit																								
Food																								
Water																								
Medications	A bandage healing well - RS dorsal aspect still has been																							
Diagnostics																								

0.1 ml Dexdormitor
0.1 ml Ketamine
0.1 ml Butorphanol
0.1 ml Antiprurazole

} IM

SAMPLE: COMPANION ANIMAL 24 HOUR TREATMENT / MONITORING RECORD

Client ID:					Animal ID: <i>Steve Tyler</i>																	
Veterinarian:										Date: <i>12-6-18</i>												
Problem List:																						
1.																						
2.																						
3.																						
4.																						

am	7	8	9	10		12	1	2	3	4	5	6
Initials												
T												
P												
R												
MM Colour												
CRT (sec)												
Attitude												
Fluids mls/hr												
Fluids in												
Urine out												
BM												
Vomit												
Food												
Water												
Medications					0.1 At							
					0.1 Dnd							
					0.1 Bt							
Diagnostics					0.1 Ret							

Client #: 91750
 25 American Way Paradise, CA 95969
 Ther: (530) 872 - 6275 Back line: (530) 872 - 6276
 ix: (530) 872 - 5911
 2018-11-23 DLH Sawmill Rd" (#39705)
 Species: Feline - Domestic Long Hair
 Color: Gray And Black DOB:
 Sex: Male Neutered

Removed R.H. has large toothache

Resolution typical ear mites